

216020649
99510

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 97	Agency Case No. B6-044498	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016		(In Military Time) TIME OF ACCIDENT 1150	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1159	05/21/2016	
B 72	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. WASHINGTON		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S 17TH			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13221671		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	TRACY J HILDEBRAND		PHONE	402-660-1253	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/22/1992	
G 2	OWNER	TIFFANY J HILDEBRAND		PHONE	402-660-1253	
H 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB517476	
V1/O 1	LICENSE PLATE PA NO.	54C372		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 1	VEHICLE	2001	MAKE Ford	MODEL ESCAPE	BODY STYLE Medium/large	COLOR yellow
I 1	VEHICLE ID NO. (VIN)	1FMYU04181KB61689		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000	
J 01	TOWED TO	TOWED BY		INSURANCE COMPANY	PROGRESSIVE NORTHERN	
K 02	TOWED TO	TOWED BY		POLICY NO.	901267672	
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	H12384136		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	DRIVER	JOSEPH A SMITH		PHONE	402-975-9860	
J 01	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/20/1981	
V1/Q 4	OWNER	JOSEPH SMITH		PHONE	402-975-9860	
V2/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
K 02	LICENSE PLATE PA NO.	TZW032		YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V1/R 4	VEHICLE	2003	MAKE Saturn	MODEL L200	BODY STYLE 4 door Sedan	COLOR blue
V2/R 4	VEHICLE ID NO. (VIN)	1G8JU54FX3Y551430		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000	
L 02	TOWED TO	TOWED BY		INSURANCE COMPANY	PROGRESSIVE	
M 02	TOWED TO	TOWED BY		POLICY NO.	900485828	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044498



Indicate
North
by Arrow



POI est 7' S of N edge of Washington
Even with east edge of S 17th

S 17th

Washington st

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 reports she was stopped for the light at 17th and Washington and was originally going to go straight ahead, but then changed her mind and wanted to turn right onto S 17th. Driver 1 didn't see vehicle 2 and turned in front of him. Driver 2 states he was stopped for the red light when vehicle 1 turned in front of him and 'hooked' his car dragging vehicle 2 for a short distance. Driver 1 cited for fail to yield right of way to vehicle 2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2										
1				X	WASHINGTON	POINT OF IMPACT	03	POINT OF IMPACT	08	<div> <div>4</div> <div>1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown</div> </div>		<div> <div>2</div> <div>1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown</div> </div>		<div> <div>1</div> <div>Driver No. 1</div> </div>		<div> <div>1</div> <div>Driver No. 2</div> </div>	
2				X	WASHINGTON	POINT OF IMPACT	03	POINT OF IMPACT	08	<div> <div>4</div> </div>		<div> <div>2</div> </div>		<div> <div>1</div> <div>Driver No. 1</div> </div>		<div> <div>1</div> <div>Driver No. 2</div> </div>	
1	05	06 Turning left			MOST DAMAGED AREA	03	MOST DAMAGED AREA	01					ALCOHOL LEVEL TESTED		ALCOHOL/ DRUGS SUSPECTED		
2	05	08 Entering traffic lane											BAC LEVEL		1 Neither alcohol nor drugs suspected		
				09 Leaving traffic lane			02 03 04						Y		2 Yes - alcohol suspected		
				10 Parked			01 05						N		3 Yes - drugs suspected		
				11 Slowing or stopped in traffic			08 07 06						X		4 Yes - alcohol & drugs suspected		
				12 Other									N		5 Unknown		
				13 Unknown													

OFFICER NO. 1259	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Benjamin Faz		INVESTIGATOR SIGNATURE Approved by Officer Benjamin Faz	DATE OF REPORT 05/21/2016